

**ANNUAL REPORT TO THE
TWENTY-SECOND LEGISLATURE
STATE OF HAWAI'I
2004**

**IN COMPLIANCE WITH
ACT 41,
SESSION LAWS OF HAWAII, 1992
ESTABLISHING THE
PRIMARY HEALTH CARE INCENTIVE PROGRAM
AND THE PRIMARY CARE ROUNDTABLE**

**PREPARED BY:
DEPARTMENT OF HEALTH
STATE OF HAWAI'I
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BACKGROUND

The State Legislature established a Primary Health Care Incentive Program through Act 41 of the Session Laws of Hawai'i 1992. This program was established within the Department of Health to assess and develop strategies to address the primary health care needs of medically underserved populations of Hawai'i. An integral component of this program was the creation of the Primary Care Roundtable that is a volunteer group composed of individuals interested in primary care issues. It acts in an advisory capacity to the Department of Health and the Legislature on primary health care issues.

The Family Health Services Division of the Department of Health provides staff support for the Roundtable. Funding for the staff comes primarily through the federal Primary Care Office grant. No funds are allocated by the state for the Roundtable.

Statewide meetings of the Roundtable are usually held quarterly via interactive television and video conferencing provided at the State Video Conference Centers and the University of Hawai'i Interactive Television System. Also included are twelve rural hospital sites of the Hawai'i Health System Corporation. Supplemental meetings and briefings are called whenever appropriate.

ACTIVITIES OF THE ROUNDTABLE IN 2003

The Roundtable provided a forum for discussion and sharing of experiences on the following issues and topics:

- Director of Health - Dr. Chiyome Fukino was a key speaker for our Roundtable in October. She conveyed her vision of public health for our state. In her vision, increased communication and cooperation between agencies that provide health services is vital. Issues she brought up were organizational changes within the Department, spelling out health care priorities, advising agencies on how to deal with leaner budgets, less reliance on state monies by health facilities, collaboration amongst health agencies and organizations to reach the underserved, and reaching out to those who lack health care access.
- Federal designations for Hawai'i – Medically Underserved Area/Population (MUA/P); Health Professional Shortage Areas (HPSA) for primary care, dental and mental health - These designations can bring additional federal resources to the state. New federal designations obtained in 2003 were: City & County of Honolulu – MUA designation for Ko'olau Loa (Windward O'ahu); MUP designation for Hawai'i County. HPSA Low-Income Designation in Primary Care was awarded to the island of Lana'i. A Presidential Initiative on expanding HPSA designations was enacted in 2003 that involved the awarding of Primary Care, Mental Health, and Dental Care designations to Federally Qualified Health Centers. This Presidential proposal is referred to as automatic designations.

- Automatic Designations - Health centers that receive federal funds to provide services to the medically underserved, rural communities, and the low-income population potentially qualify. Automatic designations were received by six clinics in our state that are Federally Qualified Health Centers (FQHC). The federal automatic designation can be invaluable to communities that do not have prior HPSA designation. The Division of Shortage Designation determines scoring for HPSA areas. The drawback with this policy is that scores for facilities that receive automatic designation have not been determined, however they are expected to be low. Therefore locales with standard HPSA awards are expected to have preference over the automatic designations. Nevertheless, any area or facility with a HPSA designation can recruit and retain health personnel through federal programs such as the National Health Service Corps.
- National Health Scholarship Corps (NHSC) Staffing Issues – Members of our Roundtable expressed interest in seeing greater effort in recruiting and retaining of professionals such as physician assistants (PA) by health facilities using federal programs such as the NHSC. From an economics standpoint, PA's may allow greater flexibility by safety net health clinics to provide services to its consumers.
- Recruitment & Retention Issues - Continuous and on-going discussions were held on recruitment and retention desires of primary care personnel in geographic areas of high need. The group's dialogue stressed greater collaboration and cooperation among all agencies, organizations and facilities that provide care to those who live in rural settings, the medically underserved, and low-income population. There was spirited dialogue on improving the workforce needs assessment survey of the Area Health Education Center (AHEC). This survey can give planners and administrators a "snapshot" and a better assessment of workforce and staffing needs of health facilities. Potentially the Federal National Health Service Corps Scholarship and Loan Repayment programs could be better utilized locally; in addition, creating a State Loan Repayment Program (SLRP) is an issue that is being contemplated.
- Rural health - The future of the State Office of Rural Health (SORH) was conferred in the 2003 Roundtables. The SORH is moving to Honokaa in 2004. Issues discussed included, the future role of this office, administrative and logistical obstacles due to its relocation to a neighbor island, and its beneficial effect on rural Hawaii.
- Community development activities – Reports were made on efforts on: Kaua'i, Moloka'i, Windward Oahu, and Kailua-Kona. These reports contained the latest efforts of agencies and organizations to: improve access to primary care; to establish community health centers in some of these areas; and to enhance health care services for underserved rural populations. On Kaua'i, a new health center site was established on the east side of the island. In addition, work on a new community health center in Moloka'i is at hand and developing rapidly.

- Workforce Hui – The Hawai‘i Primary Care Office, State Office of Rural Health, the Area Health Educational Center, and the Native Hawaiian Health Scholarship Program have formed a committee to foster collaboration in health workforce issues. Their common goal is to recruit needed health professionals to work in underserved and rural areas throughout the state, as well as retain those who already work in these clinics.
- Community Health Centers (CHC) Advocacy – Pursuing additional funding to provide services to uninsured individuals was a key issue in 2003. Continued strengthening of the safety net is beneficial to all of the citizens of Hawai‘i.
- Oral Health - Ongoing discussions were held on the need for improved access to oral health services for uninsured individuals, low-income population, and QUEST clients, with an emphasis on the neighbor islands.
- Hawai‘i Health Systems Corporation (HHSC) - There was ongoing discussion on a collaborative initiative to provide and enhance accessible comprehensive health care services. This organization’s goals involve hospital based rural health clinics, the financial well-being of HHSC facilities, distance learning technology, and fostering the growth of critical access hospitals.

PLANS FOR 2004

The Roundtable and its membership are committed to continue taking an active role in making recommendations to the Department of Health and the Legislature. Future Roundtables will focus on strategies to improve health care access. Future meetings will include the Department of Human Services (and the issues that surround that department); the Primary Care Association (and the community health center network); and the Native Hawaiian Health Care systems.

Future items and targets for our group include:

- Improved workforce development activities including recruitment, retention and training of health professionals.
- Continued pursuit and expansion of resources for safety-net providers who serve underserved communities.
- Access to oral health services.
- Strategies to increase collaboration and communication among agencies that service populations with limited access to health care.